

Consultation and Collaboration

Achieving our outcomes and goals in this plan cannot be a reality without the assistance of our collaborative and consultative partners in the private sector, the public sector, with the administration of the courts, and with our diverse community partners. It is clear that government cannot do this work alone; we must engage the private sector as partners in this work and in the plan to achieve the identified outcomes. The process of developing this plan with outcomes and strategies was rich with insight and input from those sectors; it is clear that we will need the assistance of those same partners, and more, to move forward with this plan. We all share the outcome and desire to keep children safe, secure and provide permanency for children in our community. However, the multiplicity of approaches to this idea creates the richness of texture to build the full complement of services that we must be able to deliver in our service array to meet the needs of children and their families in each and every community.

Goals we are committed to in reaching this shared outcome include improving our consultative processes with tribes; improving our collaboration in the delivery of mental health services; continuing our collaboration with Drug and Alcohol Services Administration (DASA) to improve the delivery of chemical dependency services; building, continuing, and enhancing our collaboration with Economic Services Administration (ESA), the Aging and Disabilities Administration, and courts and court administration. Our partners in education and domestic violence programs, public and private child welfare providers, and Catalyst for Kids will be crucial partners in this work. And, we will continue to collaborate with a complement of partners to re-design “front-end” services for adolescents, to use data and data outcomes to identify approaches that have proven success and seek collaborative partnerships with agencies and providers who can deliver these approaches and services.

Major strategies to reach these goals include:

Collaboration of services for relative care providers:

A Memorandum of Understanding (MOU) will be developed with Economic Services Administration (ESA) and Aging and Disabilities Administration to coordinate and collaborate on identifying a Temporary Assistance to Needy Families (TANF) program contact person in every office to work with relatives who need assistance. Also, collaboration with Aging will focus on supports grandparents need to care for children in their home.

Enhancing our partnerships and relationships with Tribes:

We will concentrate efforts on improving government-to-government relationships with Tribes, including keeping Tribes informed of different funding streams; integrating agency plans, reforms and 7.01 plans; conducting an ICW Summit; and creating processes for conflict resolution to keep communication flowing between the governments.

Collaboration on creating an array of children's mental health services:

Continuation of the collaboration and joint efforts to create a comprehensive children's mental health services array will be an important strategy to assist our reform plan. This collaboration will include activities directly responsive to implementing the plan created.

Working with Drug and Alcohol Services Administration (DASA):

One of our strategies will be to create an MOU with DASA to include a contract monitoring structure for urine analysis (UA) providers to make this service more effective and responsive to the needs of our clients and to the requirements of case plans.

"No Wrong Door" staffings:

Multi-disciplinary "No Wrong Door" staffings will be implemented for youth/young adults six months prior to their exit from foster care. This will assure that we have a comprehensive focus on their needs as they leave the child welfare system, and plan accordingly for their needs to be met through other programs or service structures in the community.

Array of service for adolescents:

We will continue to collaborate with and between the Juvenile Rehabilitation Administration (JRA), Mental Health, Children's Alliance, the courts, and the Children's Administration (CA) on a redesign of the service array and structure for adolescent clients. Current collaborative efforts are focused on building a plan; our collaboration will continue to support this newly created plan through implementation.

Cross-training on the Domestic Violence (DV) Protocol:

Implementation of cross-training for DASA, MH, ESA, and service providers with DV advocates will continue and further our efforts at implementation of the Domestic Violence Protocol.

Working with Service Providers to Focus on Outcomes:

Our work with partners in the community who are providing services to our client must be focused on outcomes that align with this plan. The services our provider partners deliver must be responsive to safety and permanency, family involvement, individualized to the child and family, culturally responsive and competent, and informed by data of best practices and approaches that show success and movement toward achieving the positive outcomes we seek.

Common agenda collaboration:

Our efforts at partnering with other agencies and entities to advance a common agenda (i.e. Catalyst for Kids, Court Improvement, schools and education) will be an important part of reaching our goals in this reform plan. We will seek out opportunities to engage our partners in our work and participate when invited to pursue common agendas together.

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